1. Name and Address of Institution

Request for Tuition Incentive Program Reimbursement



Program renewed annually by Higher Education Appropriations Act. Filing is mandatory for funding.

INSTRUCTIONS: Institutions may submit this form only after the end of the semester/term refund period. The Michigan Department of Treasury, Office of Scholarships and Grants (OSG), reserves the right to make changes based on eligibility and to deny payment based on funding. Maximum credits paid per academic year are 24 semester or 36 term. If you have questions, call 1-888-447-2687.

Submit completed form to: Office of Scholarships and Grants, Michigan Department of Treasury, P.O. Box 30462, Lansing, MI 48909, or fax to (517) 241-5835.

2. Billing Period (select one)					
4 th Quarter Aug. 15 (fin	al fiscal year payment)				
* See OSG Payment Schedule for payn	nent dates.				
3. Semester/Term for which Reimbursem	ent is Requested				
Academic Year for which Reimbursement	ent is Requested				
4. Adademic Teal for which itelihouisement is Nequested					
5. Total Number of Phase I Students	Tuition Amount	Fee Amount		Total	
6. Total Number of Phase II Students				Total	
o. Foldi Manibol of Filado II olddonio				Total	
CERTIFICATION					
I certify that the detailed listing of students provided are charged to the Tuition Incentive Program (as summarized above) and all institutional policies, procedures, and guidelines provided by the Department of Treasury for this program have been followed in determining these charges. I understand that charges over and above the limits set by the program are the responsibility of the student.					
Authorized Signature		Title			
Date	E-mail Address		Telephone	e Number	

Institution I	Name
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PHASE I STUDENTS									
Last Name, First Name	Social Security Number	Actual Credit	ual Credit Billable Credit	edit Total Tuition	Billable Fees			Total	Total
Last Name, First Name (alphabetical order preferred)	Number	Hours	Hours		Registration Fee	Student Activity Fee	Technology Fee	Fees	Amount
		PHAS	SE I TOTALS:						
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Institution Name	_
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PHASE II STUDENTS					
Last Name, First Name (alphabetical order preferred)	Social Security Number	Amount	Date Eligible for Phase II		
	PHASE II TOTALS:				